

FEE TRANSMISSION

For FY 2005

Patent fees are subject to annual revision.
Effective December 8, 2004

Complete if Known

| | |
|---------------------------------|---------------------------|
| Application Number | 10/633970 |
| Confirmation Number | 5176 |
| Filing Date | August 4, 2003 |
| First Named Inventor | Cimiluca et al. |
| Examiner Name | Everett White |
| Art Unit | 1623 |
| TOTAL AMOUNT OF PAYMENT (\$500) | Attorney Docket No. 9153R |

| METHOD OF PAYMENT | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------------|-------------|---|----------------|-----------------|---|--|----------------------------------|--|----------------------------------|--|--|--|------------------------------------|--|------------------------------------|--------------------------------------|----------------------------------|---|----------------------------------|---|---|---------------------------|----------------------------------|------------------|---------------|--|----------------------------------|--------------------------|--|---|------------------------------------|--------------|--------------------------|--|--|--|---|------------------------|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p> | | | <p>5. ADDITIONAL FEES</p> <table> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$100) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$300) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,500) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,100) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$100) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (e) Missing Parts (provisional)</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$100) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) [500]</td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | Fee Description | Fee Paid | Extension for reply within 1 st month | (\$100) <input type="checkbox"/> | Extension for reply within 2 nd month | (\$300) <input type="checkbox"/> | Extension for reply within 3 rd month | (\$1,000) <input type="checkbox"/> | Extension for reply within 4 th month | (\$1,500) <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,100) <input type="checkbox"/> | Information Disclosure Statement fee | (\$500) <input type="checkbox"/> | 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$100) <input type="checkbox"/> | 37 CFR 1.17 (e) Missing Parts (provisional) | (\$50) <input type="checkbox"/> | Non-English specification | (\$100) <input type="checkbox"/> | Notice of Appeal | (\$500) [500] | Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | Request for oral hearing | (\$1,000) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | | | | | | | | | | |
| Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 1 st month | (\$100) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 2 nd month | (\$300) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 3 rd month | (\$1,000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 4 th month | (\$1,500) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 5 th month | (\$2,100) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$500) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$100) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17 (e) Missing Parts (provisional) | (\$50) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$100) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Appeal | (\$500) [500] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | (\$1,000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. BASIC FILING FEE - Large Entity</p> <table> <thead> <tr> <th>FILING</th> <th>SEARCH</th> <th>EXAMINATION</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Application</td> <td></td> <td></td> </tr> <tr> <td>Type</td> <td></td> <td></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | | FILING | SEARCH | EXAMINATION | Fee | Fee | Fee | Application | | | Type | | | Utility | (\$300) | (\$500) | (\$200) | | | | (Total = \$1000) <input type="checkbox"/> | Design | (\$200) | (\$100) | (\$130) | | | | (Total = \$430) <input type="checkbox"/> | Reissue | (\$300) | (\$500) | (\$600) | | | | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee | | | (Total = \$200) <input type="checkbox"/> | <p>3. APPLICATION SIZE FEE:</p> <p>Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p> <p>SUBTOTAL (2)+(3) <input type="checkbox"/> (\$500)</p> | |
| FILING | SEARCH | EXAMINATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee | Fee | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | (\$300) | (\$500) | (\$200) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | (\$600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</p> <table> <thead> <tr> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p>Fee Description</p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p>SUBTOTAL (4) <input type="checkbox"/> (\$500)</p> | | | Extra Claims | Fee from Below | Fee Paid | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> | | | <p>SUBTOTAL(5) (\$500)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | | Complete if applicable | | |
|--|-----------------|-----------------------------------|------------------------|-----------|----------------|
| Name (First/Type) | Cynthia L. Clay | Registration No. (Attorney/Agent) | 54,930 | Telephone | (313) 622-0291 |
| Signature / Account No. <i>Cynthia L. Clay</i> | | | | Date | 2/25/05 |

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00:17:45.000
The collection of information is required by 35 U.S.C. 171. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO or persons on applications. Confidentiality is granted by 35 U.S.C. 122 and 37 CFR 1.10. The collector is authorized to collect 12 hours to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. There will vary depending upon individual claim. Any questions or comments concerning this form and/or suggestions for reducing burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Patentee (Continued for PTO use) (11/24/2003)